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Bib Data Sheet

CONFIRMATION NO. 6482

SERIAL NUMBER 10/757,262	FILING OR 371(c) DATE 01/14/2004 RULE	CLASS 514	GROUP ART UNIT 1656	ATTORNEY DOCKET NO. MPI03- 007P1RNOMNIM
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APPLICANTS

Venkateswarlu Karicheti, Chapel Hill, NC;
 Inmaculada Silos-Santiago, Del Mar, CA;
 Scott D. Eliasof, Lexington, MA;

** CONTINUING DATA *****

This appln claims benefit of 60/440,348-01/15/2003 and claims benefit of 60/444,783-02/04/2003.
~~and claims benefit of 60/457,901-03/27/2003~~
~~and claims benefit of 60/468,775-05/08/2003~~
~~and claims benefit of 60/471,614-05/19/2003~~
~~and claims benefit of 60/478,742-06/16/2003~~
~~and claims benefit of 60/488,529-07/18/2003~~
 and claims benefit of 60/491,156-07/30/2003
~~and claims benefit of 60/499,594-09/02/2003~~
~~and claims benefit of 60/506,332-09/26/2003~~

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 0	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

22907

TITLE

Methods and compositions for treating urological disorders using carboxypeptidase Z identified as 8263

FILING FEE RECEIVED 1022	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 10/757,262	FILING OR 371(c) DATE 01/14/2004 RULE	CLASS 514	GROUP ART UNIT 1656	ATTORNEY DOCKET NO. MPI03-007P1RNOMNIM
APPLICANTS Venkateswarlu Karicheti, Chapel Hill, NC; Inmaculada Silos-Santiago, Del Mar, CA; Scott D. Eliasof, Lexington, MA;				
** CONTINUING DATA ***** This appln claims benefit of 60/491,156 07/30/2003				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/08/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY NC	SHEETS DRAWING 0	TOTAL CLAIMS 22
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 4		
ADDRESS 22907				
TITLE Methods and compositions for treating urological disorders using carboxypeptidase Z identified as 8263				
FILING FEE RECEIVED 1022	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	